

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487363		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div><div style="border: 1px solid black; padding: 2px;">D D</div> / <div><div style="border: 1px solid black; padding: 2px;">Y Y Y Y</div></div></div> </div> </div>					
Full Name of Payee <b>Main Street Media</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">13</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Mailing Address P.O. Box 25093			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2597212.50</div>		
City Alexandria	State VA	Zip Code 22313	Transaction ID : SE.1 Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Purpose of Expenditure TV / Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2618669.06</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>McCarthy Hennings Whalen, Inc.</b>			Date of Public Distribution/Dissemination <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">13</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Mailing Address 1850 M Street NW Suite 235			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6393.65</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : SE.2 Date of Disbursement or Obligation <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">14</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>		
Purpose of Expenditure TV / Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>			
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2618669.06</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">2603606.15</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <i>Caleb Crosby</i>		[Electronically Filed]		Date <div><div style="border: 1px solid black; padding: 2px;">10</div> / <div><div style="border: 1px solid black; padding: 2px;">15</div> / <div><div style="border: 1px solid black; padding: 2px;">2014</div></div></div></div>	

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487363	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>McCarthy Hennings Whalen, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 13 / 2014</b>	
Mailing Address 1850 M Street NW Suite 235		Amount <b>633.00</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : SE.3
Purpose of Expenditure TV / Media Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 24 / 2014</b>
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2618669.06</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>thinkfilm, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 13 / 2014</b>	
Mailing Address 1335 Windsor Ridge Ln		Amount <b>1007.25</b>	
City Annapolis	State MD	Zip Code 21409	Transaction ID : SE.4
Purpose of Expenditure TV / Media Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 13 / 2014</b>
Name of Federal Candidate Jeanne Shaheen		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought		<b>2618669.06</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1640.25</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 15 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	3	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487363	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>thinkfilm, Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 13 / 2014</b>	
Mailing Address <b>1335 Windsor Ridge Ln</b>		Amount <b>13422.66</b>	
City <b>Annapolis</b>	State <b>MD</b>	Zip Code <b>21409</b>	Transaction ID : <b>SE.5</b>
Purpose of Expenditure <b>TV / Media Production</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 16 / 2014</b>	
Name of Federal Candidate <b>Jeanne Shaheen</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>NH</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2618669.06</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>13422.66</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>2618669.06</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 15 / 2014**

Signature